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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0951-0032

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	CEN0249
	First Named Inventor	George Heavner, et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Anti-Dual Integrin Antibodies, Compositions, Methods And Uses  
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) ☐ as United States Application Number or PCT International Application Number  
☐ and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

09920257-080101

## DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/223,363	08/07/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

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AND

☐ Practitioner(s) named below:  
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Direct all correspondence to: ☒ Customer Number **000027777** OR ☐ Correspondence address below

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Address:

City:

State:

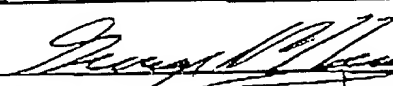
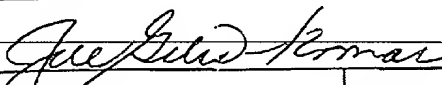
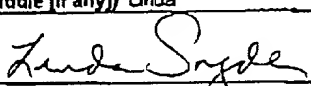
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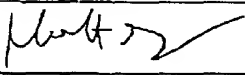
Country

Telephone:

Fax:

7090267-000101

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) George		Family Name or Surname Heavner	
Inventor's Signature 		Date 8.1.01	
Residence: City Malvern,	State PA	Country USA	Citizenship USA
Mailing Address 6 Oak Glen Drive			
City Malvern,	State PA	ZIP 19355	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Jill		Family Name or Surname Giles-Komar	
Inventor's Signature 		Date Aug 1, 2001	
Residence: City Downingtown,	State PA	Country USA	Citizenship USA
Mailing Address 31 Blakely Road			
City Downingtown,	State PA	ZIP 19335	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Linda		Family Name or Surname Snyder	
Inventor's Signature 		Date	
Residence: City Pottstown,	State PA	Country USA	Citizenship USA
Mailing Address 1795 Honeysuckle Lane			
City Pottstown,	State PA	ZIP 19465	Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Mohit		Family Name or Surname Trikha	
Inventor's Signature 		Date 8/1/01	
Residence: City Paoli,	State PA	Country USA	Citizenship USA
Mailing Address 278 Orchard Road			
City Paoli,	State PA	ZIP 19301	Country USA

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09920257 080104

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Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:



Table 1. Demographic characteristics of the study population	
Age (years)	50.0 ± 10.0
Gender (male/female)	100/100
Marital status (married/divorced/separated)	80/20/0
Education (years)	12.0 ± 2.0
Occupation (white/blue)	80/20
Income (USD/month)	1000.0 ± 200.0
Smoking status (smoker/nonsmoker)	60/40
Alcohol consumption (yes/no)	20/80
Family history of hypertension (yes/no)	30/70
Duration of hypertension (years)	5.0 ± 3.0
Current antihypertensive treatment (yes/no)	90/10
Medication (type/dose)	ACE inhibitors/50 mg/day
Comorbidities (diabetes/cholesterol)	10/20
Quality of life (SF-36 score)	45.0 ± 10.0
Health status (good/poor)	80/20
Psychological stress (high/low)	30/70
Social support (strong/weak)	60/40
Life satisfaction (high/low)	50/50
Work status (employed/unemployed)	70/30
Living alone (yes/no)	10/90
Religious beliefs (strong/weak)	60/40
Healthcare access (easy/difficult)	80/20
Health insurance (yes/no)	90/10
Healthcare utilization (frequent/infrequent)	60/40
Healthcare costs (high/low)	30/70
Healthcare satisfaction (high/low)	50/50
Healthcare accessibility (good/poor)	80/20
Healthcare quality (high/low)	60/40
Healthcare safety (high/low)	70/30
Healthcare effectiveness (high/low)	80/20
Healthcare equity (high/low)	90/10
Healthcare transparency (high/low)	10/90
Healthcare accountability (high/low)	20/80
Healthcare responsiveness (high/low)	30/70
Healthcare patient-centeredness (high/low)	40/60
Healthcare community-orientedness (high/low)	50/50
Healthcare data-drivenness (high/low)	60/40
Healthcare innovation (high/low)	70/30
Healthcare leadership (high/low)	80/20
Healthcare governance (high/low)	90/10
Healthcare ethics (high/low)	10/90
Healthcare law (high/low)	20/80
Healthcare policy (high/low)	30/70
Healthcare regulation (high/low)	40/60
Healthcare standards (high/low)	50/50
Healthcare accreditation (high/low)	60/40
Healthcare certification (high/low)	70/30
Healthcare licensure (high/low)	80/20
Healthcare registration (high/low)	90/10
Healthcare monitoring (high/low)	10/90
Healthcare evaluation (high/low)	20/80
Healthcare improvement (high/low)	30/70
Healthcare research (high/low)	40/60
Healthcare education (high/low)	50/50
Healthcare training (high/low)	60/40
Healthcare development (high/low)	70/30
Healthcare innovation (high/low)	80/20
Healthcare leadership (high/low)	90/10
Healthcare governance (high/low)	10/90
Healthcare ethics (high/low)	20/80
Healthcare law (high/low)	30/70
Healthcare policy (high/low)	40/60
Healthcare regulation (high/low)	50/50
Healthcare standards (high/low)	60/40
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Healthcare evaluation (high/low)	30/70
Healthcare improvement (high/low)	40/60
Healthcare research (high/low)	50/50
Healthcare education (high/low)	60/40
Healthcare training (high/low)	70/30
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Healthcare standards (high/low)	70/30
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Healthcare certification (high/low)	90/10
Healthcare licensure (high/low)	10/90
Healthcare registration (high/low)	20/80
Healthcare monitoring (high/low)	30/70
Healthcare evaluation (high/low)	40/60
Healthcare improvement (high/low)	50/50
Healthcare research (high/low)	60/40
Healthcare education (high/low)	70/30
Healthcare training (high/low)	80/20
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